



293412

**Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information**

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1	Reporter Name [REDACTED]	Submission date.	Contact person (if different than reporter)	Internal ID 1939746-1
Administrative Data	Address  <i>Sharps Chapel, TN 37866 USA</i>		Address  <i>-004</i>	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Sharps Chapel, TN USA 06/08/2016</i>	Date registrant became aware of incident. <i>11/08/2016</i>	Was incident part of larger study? <i>No</i>
Row 2	EPA Registration # (Product 1) <i>62719-324</i>	EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)		A.I. (s)
	Product 1 name <i>Rodeo Herbicide</i>	Product 2 Name <i>Method 24 SL Bayer</i>		Product 3 Name <i>Escort XP Bayer</i>
	Exposed to concentrate prior to dilution? <i>No</i>	Exposed to concentrate prior to dilution? <i>No</i>		Exposed to concentrate prior to dilution? <i>No</i>
	Formulation	Formulation		Formulation
Row 3	Evidence label directions were not followed? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>
	Intentional misuse? <i>No</i>			
	Applicator certified? <i>UNK</i>			
Incident Circumstances	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

DERBI: SC H, POCU. 1  
Report: Yes *X* No  
If no, why:  
Date: *11/8/16*

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### Brief description of incident circumstances.

*Nov 8 2016 9:40AM*

*Hx: Caller states property was sprayed on her property by a company spraying below an electrical line in late 06/16 The product was also sprayed on the well. The product was not intended to be sprayed on her garden. She was unaware the product was sprayed on the garden. She ate some of the berries within about 4 days of application. She became very ill. She developed nausea and diarrhea for 48 hours. She did not relate the illness to the product until a few days later when the bushes died. In early 07/2016 she developed insomnia. She saw her doctor for the insomnia on 09/20/2016. He prescribed Zolpidem for her insomnia. He did blood work and detected abnormal kidney function. She had an ultrasound on her kidneys, bladder and thyroid. The ultra sound showed 4 small nodules on her thyroid. She has had follow up blood work and her kidney function is still diminished. She has been tested Her primary wants her to see a nephrologist. She does not have an appointment scheduled at this time.*

*Her husband had a physical a few weeks after she did. He also had similar blood test results showing diminished kidney function.*

*Many other people in her area are having health problems, animals have died, bees died. She would like to know if the problems could be from mixing the products. The USDA has tested the wells and no contamination was found.*

*A: This product could cause some GI upset. But we would not be expected to cause any kidney problems. I am not able to address the other products used. We would not have information regarding the product being mixed with other companies products. Provided case number and told the caller if any new or unexpected symptoms develop or the symptoms are not improving or resolving as we have discussed, please contact us 24/7 and refer to your reference number so that we can advise on further treatment or determine if referral to a healthcare professional might be needed.*

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Demographic information: Age: <b>59 Year(s)</b> Sex: <b>Female</b> Occupation (if relevant) <b>Not specified</b>	Exposure route: <b>Unknown route</b>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <b>No</b>	Was protective clothing worn (specify)? <b>None Reported</b>
If female, pregnant? <b>NO</b>	Was exposure occupational? <b>Not specified</b> If yes, days lost due to illness: <b>Not specified</b>	Time between exposure and onset of symptoms: <b>1 week or less</b>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <b>Non-emergent private MD/DVM</b>	List signs/symptoms/adverse effects <b>Gastrointestinal-Diarrhea</b> <b>Gastrointestinal-Emesis/Vomiting</b> <b>Genitourinary-diminished kidney function</b>	If lab tests were performed, list test names and results (If available, submit reports) <b>Creatinine .96 mg/dl</b> <b>EGFR 58 and 59</b> <b>mL/min/1.7</b>	
Exposure data: <b>NA</b> Amount of pesticide: <b>NA</b> Exposure duration: <b>Acute &lt; 8hrs</b> Patient weight: <b>Unknown</b>			
Human severity category: <b>HC</b>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

*Any relationship between the use of this product and the insidious development of the complications reported in this case is inconceivable and lacks biological plausibility. Secondly, the product use history is extremely vague and lacks any description of a known or defined point of direct exposure to this product. Even had casual or incidental contact with this product occurred, such illness would be unexpected and is not consistent with the toxicological profile of this product..*

Internal ID #  
**1939746-1**

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Row 1 Administrative Data	Reporter Name [REDACTED]	Submission date	Contact person (if different than reporter)	Internal ID 1939746-2
	Address <i>Sharps Chapel, TN 37866 USA</i>		Address <i>Continuation of - 00#</i>	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Sharps Chapel, TN USA 06/08/2016</i>	Date registrant became aware of incident. <i>11/08/2016</i>	Was incident part of larger study? <i>No</i>
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) <i>62719-324</i>		EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s)		A.I. (s)	A.I. (s)
	Product 1 name <i>Rodeo Herbicide</i>		Product 2 Name <i>Method 24 SL Bayer</i>	Product 3 Name <i>Escort XP Bayer</i>
	Exposed to concentrate prior to dilution? <i>No</i>		Exposed to concentrate prior to dilution? <i>No</i>	Exposed to concentrate prior to dilution? <i>No</i>
	Formulation		Formulation	Formulation
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>Own Residence</i>		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>
	Applicator certified? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

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Demographic information: Age: <b>60 Year(s)</b> Sex: <b>Male</b> Occupation (if relevant) <b>Not specified</b>	Exposure route: <b>Unknown route</b>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <b>No</b>	Was protective clothing worn (specify)? <b>None Reported</b>
If female, pregnant? <b>NA</b>	Was exposure occupational? <b>Not specified</b> If yes, days lost due to illness: <b>Not specified</b>	Time between exposure and onset of symptoms: <b>Unable to determine</b>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <b>Non-emergent private MD/DVM</b>	List signs/symptoms/adverse effects <b>Heme/Hepatic-diminished kidney function</b>	If lab tests were performed, list test names and results (If available, submit reports) <b>None Reported</b>	
Exposure data: <b>NA</b> Amount of pesticide: <b>NA</b> Exposure duration: <b>Acute &lt; 8hrs</b> Patient weight: <b>Unknown</b>			
Human severity category: <b>HC</b>			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <p><i>Any relationship between the use of this product and the insidious development of the complications reported in this case is inconceivable and lacks biological plausibility. Secondly, the product use history is extremely vague and lacks any description of a known or defined point of direct exposure to this product. Even had casual or incidental contact with this product occurred, such illness would be unexpected and is not consistent with the toxicological profile of this product..</i></p>			
			Internal ID # <b>1939/46-2</b>

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